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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) HUDSON, RICHARD, L., , Jr.			2. Candidate's FEC Identification Number H2NC08185		
(b) Address (number and street) PO BOX 5053			<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code CONCORD NC 28027			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House		6. State & District of Candidate NC 08	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) HUDSON FOR CONGRESS		
(b) Address (number and street) PO BOX 5053		
(c) City, State, and ZIP Code CONCORD NC 28027		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) HUDSON FREEDOM FUND		
(b) Address (number and street) 824 S MILLEDGE AVE, STE 101		
(c) City, State, and ZIP Code ATHENS GA 30605		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate HUDSON, RICHARD, L., , Jr. [Electronically Filed]	Date 05/23/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GOLDEN ISLE COMMITTEE 2017

(b) Address (number and street)

824 S MILLEDGE AVE STE 101

(c) City, State and ZIP Code

ATHENS

GA

30605

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

HEALTH FIRST COMMITTEE

(b) Address (number and street)

PO BOX 30844

(c) City, State and ZIP Code

BETHESDA

MD

20824

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code